

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90098 001 ***150.00

DOCUMENT # J13382 1. Entity Name SHERAH CORPORATION			
Principal Place of Business % CRAIG R. LIEPPER 4960 N.W. 106 AVE. CORAL SPRINGS FL 33076		Mailing Address % CRAIG R. LIEPPER 4960 N.W. 106 AVE. CORAL SPRINGS FL 33076	
2. Principal Place of Business GC Carpets		3. Mailing Address same	
City & State 6363 Johnson ST Hollywood FL		City & State same	
Zip 33024		Country USA	
4. FEI Number 59-2676744		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIEPPER, SANDRA R 4960 N.W. 106 AVE. CORAL SPRINGS FL 33076		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Sandra Liepper</i></u> DATE <u>3/1/06</u> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME LIEPPER, CRAIG R. STREET ADDRESS 4960 N.W. 106 AVE. CITY-ST-ZIP CORAL SPRINGS FL 33076	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE 	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Sandra Liepper</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/1/06</u> Daytime Phone # <u>954 9837995</u>	